



PROGRAM OVERVIEW

Our office is implementing the HealthePay™ Program. The reason for the new policy is the change in insurance plans for most patients. Plans now have higher co-payments, coinsurance and deductibles. This leads to greater patient responsibility for payment of services. We will require all patients to leave a credit card number on file with our office, or pay in full the time of the visit. The card information is encrypted and stored with our partner, Authorize.net, one of the largest credit card processors in the USA.

The card will only be used for balances after your insurance company has processed your claim and we receive the explanation of benefits.

We understand this is a big departure from what is currently done in medical offices. However, as the landscape of the insurance industry changes, this policy will become standard in all offices. In other businesses such as hotels, car rental companies and health club memberships, giving ones credit card is very common.

Why the change?

There are several reasons. First, we need to ensure that we have a guarantee of payment on file in our office. Health insurance is changing and plans now have higher co-payments, coinsurance and high deductibles. This leads to greater patient responsibility for payment of services. Second, we need to be sure that patient balances are paid in a timely manner, so we can continue to provide high quality medical care. Thirdly, statements are wasteful of paper, stamps, and envelopes. This program allows us to keep our costs down.

But I always pay my bills, why me?

We have to be fair and apply the policy to all patients. We have wonderful patients and we know that most of you pay your balances. Unfortunately, this is not the case every time.

How will I know how much you are going to charge me?

You will receive a letter in the mail from your Insurance carrier that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits, or EOB. This letter tells you exactly, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance to pay.

Then what?

We receive the same letter that you do. It arrives about 7 to 30 days after your appointment. We look at each Explanation of Benefits (EOB) carefully, and determine what your insurance has determined as patient responsibility. This is the same way we normally determine how much to send you a bill for in the mail.

But wait, I'm nervous about leaving you my credit card information.

We do not store your sensitive credit card information in our office. After the initial transaction, we never see the credit card number. We use a secure vendor that is completely compliant as required by law. Alternatively, you may leave a deposit in the form of cash or check.

What if I need to dispute my bill?

First, contact your insurance carrier for additional information on how they processed the claim. We will always work with you to understand if there has been a mistake, and we will refund you if we have made a billing error. We will only charge the amount that we are instructed to by your insurance carrier, in the letter, or Explanation of Benefits they send to us, in the same way that we normally determine how much to send you a bill for in the mail.

When do I have to pay for services?

Any time you receive medical care, you will be expected to pay in full for your services until your deductible is met. If you have a very large deductible, called a high-deductible insurance plan, you may have to pay out of pocket for most of your primary care services.

How will I know when my deductible has been met?

You can call your insurance company at any time to check on how much of your deductible has been met and some insurance companies have this information available online. Every time you receive medical services, you will receive notification from your insurance company with how much they paid or did not pay if the amount went to your deductible.

Will you send me a bill to let me know what I owe?

You will receive a letter in the mail from your Insurance carrier that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits, or EOB. With your credit card on file, there is no need to get a separate statement from us. This greatly reduces your paperwork!

What is a Deductible and How Does It Affect Me?

An annual deductible is the dollar amount you must pay out of pocket during the year for **medical** expenses before your insurance coverage begins to pay.

For example, if the policy has a \$500 deductible, you must pay the first \$500 of medical expenses before the insurance company begins to pay for any services.

This works just like the deductible for your car insurance or homeowner's insurance policy does.

When does a deductible begin?

Your deductible begins at the start of your plan year. Most plan years begin either January 1 or July 1, but plans can start on any date.

What if I have more questions?

Our billing staff is happy to speak with you about your account at any time. Please contact our billing service, Physician Business Solutions, 585-385-9045 or patientservices@emailpbs.com.

